

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application :	09/687,533	Examiner :	Broda
From:	MR	Location:	IDC FMF FDC
Tracking #:		GAU :	
04072555		2123	
		Date:	04-05-05
		Week Date: 01-31-05	

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input checked="" type="checkbox"/> OATH	03-23-01	
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Please provide country for
 the inventor's address on the oath.
 no country name listed, only citizenship.

Thank you,
 MR

[XRUSH] RESPONSE:

France is the country

INITIALS: *MR*

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.



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Bib Data Sheet

SERIAL NUMBER 09/687,533	FILING OR 371(c) DATE 10/13/2000 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. 5974-68
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APPLICANTS

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Dominique Gaunet, Allee Bul Bezanne, FRANCE;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/17/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 10	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

27383

TITLE

ANNOTATION MANAGEMENT

FILING FEE RECEIVED 1722	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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